Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, September 2, 2010
Meeting Minutes

DUR Board Members: G. Cordts, R. Ebiasah, M. Kaplan, N. Leikach, E. Munch, K. O'Reilly, N. Sandson, S. Wienner
D*HMH:* M. Borden, P. Holly, D. Klein, D. Shah, M. Shook, A. Taylor
ACS: K. Farrakhan, I. Ivey
HID: K. Holland, J. Paradis, J. Walker
Provider Synergies: G. McKnight-Smith

Introductions
Attendees of the meeting introduced themselves.

Approval of Minutes
Minutes from the June 3, 2010 meeting were approved by the Board with no changes.

Maryland Medicaid Pharmacy Program
As requested at the June 3, 2010 meeting, a list is being developed of the top 100 ProDUR drug-drug interactions that identifies both drugs involved in the alert. A meeting was held with MMPP, ACS, HID and some DUR Board members to begin developing newsletter articles and DUR mailings discussing some of the most clinically relevant drug-drug interactions.

Board members were asked if they would like to continue receiving Drug Effectiveness Review Project (DERP) summary reports. The consensus was that members do want to continue receiving them.

An evaluation is proceeding of the feasibility and cost of activating late refill ProDUR alerts for antiretroviral agents.

DUR Board members were sent a sample of the underuse or non-adherence DUR intervention letter. The language in the letters sent to pharmacies will be updated to include a statement asking that the pharmacist use their professional judgment to address the issue noted in the letter and take appropriate action, such as counseling the patient or contacting the prescriber.

The feasibility of developing patient focused DUR intervention letters is under review by the Department.

The Pharmaceutical and Therapeutics (P&T) Committee meeting was held on August 19, 2010. The Committee asked that the DUR Board consider expanding the look-back period for grandfathering and use of second tier antipsychotic agents from 120 days to 2 years. Last year the look-back period was expanded to 120 days. The Department is currently reviewing data in conjunction with the Mental Health Administration to identify those patients who were denied second tier or non-preferred agents and make an effort to determine if the denial resulted in unintended consequences such as hospitalization. Currently about 300 individual cases of patients who were denied second tier or non-preferred drugs are under

review. There was considerable discussion among Board members as to the costs, benefits, clinical merits and disadvantages of extending the look-back period. There was also discussion regarding the relatively non-restrictive prior authorization process that is currently in place. After much thoughtful consideration and discussion, Board members voted 6 to 2 in favor of keeping the look-back period at 120 days. However, if compelling evidence arises that extending the look-back beyond 120 days would be advantageous this issue can be revisited in the future.

ACS State Healthcare Systems ProDUR ad Prior Authorization

A review of the 2nd quarter Preferred Drug List Prior Authorizations report was given. There is little change in the numbers of requests for non-preferred drugs from month to month.

Therapeutic Duplication (TD) alerts were reviewed. Top drugs involved in TD alerts are antipsychotics, anti-anxiety mediations and anticonvulsants. Intervention codes indicating that the prescriber was contacted continue to be the top code utilized by the pharmacist. Requests for anti-anxiety drugs are the top requested early refill alerts.

Prior authorization call volume has not changed dramatically from month to moth. March of 2010 had the highest call volume of almost 7,000 calls. The estimated ProDURcost savings report was also reviewed.

Health Information Designs, Inc. Retrospective DUR

A handout was distributed summarizing clinically relevant drug-drug interactions influenced by the cytochrome P-450 enzymatic process. The summary was prepared after the meeting of some DUR Board members, ACS, HID and MMPP. The plan is to include in each future issue of the Pharmacy News & Views newsletter an article that will address one or more of the interactions summarized in the handout.

The Board recommended that that the first two issues to be addressed in DUR mailings and newsletter articles be a mailing to the top prescribers of opioids discussing the issue of slow metabolizers vs. rapid metabolizers and education regarding drug interactions prone to produce significant QTc elevations. In addition, it was recommended that the MMPP website could be used to include links to other non-bias resources on the web that discuss these types of clinically relevant drug interactions. The Board also recommended that MMPP utilize the summary of clinically significant drug-drug interaction to develop future DUR intervention programs.

The Board also recommended that once the data is available from ACS for the top 100 drug-drug interactions, that it be evaluated to determine if any interactions should be restricted with a hard ProDUR edit, much like the TD alerts are processed. A vote was taken on the following: If an instance arises where a drug-drug interaction is deemed to be clinically severe, the Maryland Medicaid Pharmacy Program may proceed without additional approval from the DUR Board to implement a hard edit. All members in attendance voted in favor of this.

Under-utilization (non-adherence) of anti-depressants was evaluated by HID. A total of 5,538 patients met the criteria for non-adherence to any antidepressant agent. In order to select a manageable size population to review, 884 patients taking either of two specific generic SSRIs were evaluated and 625 prescriber intervention letters were mailed. There was a 14% prescriber response rate obtained from

prescribers. A total of 635 pharmacy letters were mailed and a 17% response rate was achieved from pharmacies. Approximately 70% of pharmacy responses indicated that they would counsel the patient.

A discussion followed regarding developing recipient education letters. The Board is in favor of utilizing recipient education letters. Based on a legal review there is nothing that prohibits patient education letters from being sent out. However, there are concerns regarding inadvertently disclosing patient information to family members or others if patient addresses are not correct. It was suggested that perhaps the pharmacist could give a copy of the letter to the recipient, but it was also noted that there are barriers to effectively carrying this out in a busy pharmacy setting. The Department will continue to evaluate this issue.

New Business

On October 16, there will be a live Continuing Education program at St. Agnes Hospital for which CME and CE credits will be given. The topic is "Appropriate and Effective Prescribing of Mental Health Medications by the Non-Psychiatrist." A mailing on the program was sent to top prescribers of antidepressants and antipsychotics.

It was suggested that the summary of drug-drug interactions be distributed by HID to other states.

The next DUR Board meeting will be held on December 2, 2010.

There being no further business, the meeting was adjourned at 10:30.